

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
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25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37	1						87					
38		X					88					
39		X					89					
40		X					90					
41		X					91					
42		X					92					
43		X					93					
44		X					94					
45	1						95					
46	1						96					
47		X					97					
48		X					98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	6						Total Depend					
Total Claims	9						Total Claims					